2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2013
Secretary of State
CC9985362660

DOCUMENT# 766554

Entity Name: MARTIN MEMORIAL HEALTH SYSTEMS, INC.

Current Principal Place of Business:

200 HOSPITAL AVE
STUART, FL 34994

Current Mailing Address:

PO BOX 9010
STUART, FL 34995 US

FEI Number: 59-2307522

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LORD, ROBERT LJR
200 HOSPITAL AVE
STUART, FL 34994 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER, DIRECTOR
Name	LOEWENBERG, JOHN
Address	200 HOSPITAL AVE
City-State-Zip:	STUART FL 34994

Title	VC, DIRECTOR
Name	ZIEGLER, JOHN JR
Address	200 HOSPITAL AVE
City-State-Zip:	STUART FL 34994

Title	SECRETARY, DIRECTOR
Name	ORR, JAMES III
Address	200 HOSPITAL AVE
City-State-Zip:	STUART FL 34994

Title	DIRECTOR
Name	COLLINS, EVAN MD
Address	200 HOSPITAL AVE
City-State-Zip:	STUART FL 34994

Title	DIRECTOR
Name	LEHACH, GEORGE
Address	200 HOSPITAL AVE
City-State-Zip:	STUART FL 34994

Title	PRESIDENT, DIRECTOR
Name	ROBITAILLE, MARK E
Address	200 HOSPITAL AVE
City-State-Zip:	STUART FL 34994

Title	CHAIRMAN, DIRECTOR
Name	DENNY, DWIGHT
Address	200 HOSPITAL AVE
City-State-Zip:	STUART FL 34994

Title	DIRECTOR
Name	HORTON, MARY-JO
Address	200 HOSPITAL AVE
City-State-Zip:	STUART FL 34994

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK ROBITAILLE CEO 04/16/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MCCARVILL, NORMAN
Address	200 HOSPITAL AVE
City-State-Zip:	STUART FL 34994

Title	DIRECTOR
Name	MONDELLO, JAMES
Address	200 HOSPITAL AVE
City-State-Zip:	STUART FL 34994

Title	ASSISTANT TREASURER, DIRECTOR
Name	COCORULLO, MARK
Address	200 HOSPITAL AVE
City-State-Zip:	STUART FL 34994

Title	DIRECTOR
Name	MIRAGLIA, VINCENT MD
Address	200 HOSPITAL AVE
City-State-Zip:	STUART FL 34994

Title	DIRECTOR
Name	LORD, ROB JR.
Address	200 HOSPITAL AVE
City-State-Zip:	STUART FL 34994

Title	GENERAL COUNSEL
Name	CRARY, LARRY ESQ.
Address	200 HOSPITAL AVE
City-State-Zip:	STUART FL 34994